BEFORE THE
DIVISION OF MEDICAL QUALITY
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:	)	
	)	
	)	
KEIVAN GOLCHINI, M.D.	)	**File No. 06-2003-143245**
	)	
Physician's and Surgeon's Certificate No. A 48800	)	
	)	
	)	
Respondent.	)	
	)	

DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Division of Medical Quality of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on November 6, 2006 **.**

IT IS SO ORDERED October 6, 2006 **.**

MEDICAL BOARD OF CALIFORNIA

By: _____
Ronald L. Moy, M.D.
Consolidated Panel
Division of Medical Quality

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of the State of California
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Attorneys for Complainant

BEFORE THE
DIVISION OF MEDICAL QUALITY
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: KEIVAN GOLCHINI, M.D. 9100 Wilshire Boulevard, Suite 245 Beverly Hills, California 90212 Physician and Surgeon's Certificate No. A 48800 Respondent.	Case No. 06-2003-143245 OAH No. L2006-030324 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled proceedings that the following matters are true:

PARTIES

1. David T. Thornton (Complainant) is the Executive Director of the Medical Board of California (Board). He brought this action solely in his official capacity and is represented in this matter by Bill Lockyer, Attorney General of the State of California, by John E. Rittmayer, Deputy Attorney General.

2. Respondent Keivan Golchini, M.D. (Respondent) is represented in this proceeding by attorney Henry R. Fenton, Esq., whose address is 11835 West Olympic Boulevard, Suite 705, Los Angeles, California 90064.

3. On or about October 22, 1990, the Medical Board of California issued Physician and Surgeon's Certificate No. A 48800 to Respondent. The Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 06-2003-143245 and will expire on April 30, 2008, unless renewed.

JURISDICTION

4. Accusation No. 06-2003-143245 was filed before the Division of Medical Quality of the Board (Division), and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on February 8, 2006. Respondent timely filed his Notice of Defense contesting the Accusation. A copy of Accusation No. 06-2003-143245 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 06-2003-143245. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

6. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to be represented by counsel at his own expense; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

8. Respondent understands that the charges and allegations in Accusation No. 06-2003-143245, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's certificate.

9. Respondent admits that the Board could establish a prima facie case of inadequate record keeping in violation of Business and Professions Code section 2266, and waives his right to present a defense thereto. Respondent hereby gives up his right to contest that cause for discipline exists based on that charge.

RESERVATION

10. The admissions made by Respondent herein are only for the purposes of this proceeding, or any other proceedings in which the Board or other professional licensing agency is involved, and shall not be admissible in any other criminal, civil or other proceeding.

CONTINGENCY

11. The parties understand and agree that facsimile copies of this Stipulated Settlement and Disciplinary Order, including facsimile signatures thereto, shall have the same force and effect as the originals.

12. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician and Surgeon's Certificate No. A 48800 issued to Respondent Keivan Golchini, M.D. (Respondent) is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years on the following terms and conditions.

1. MEDICAL RECORD-KEEPING COURSE Within 60 calendar days of the effective date of this decision, respondent shall enroll in a course in medical record keeping, at respondent's expense, approved in advance by the Division or its designee. Failure to successfully complete the course during the first 6 months of probation is a violation of probation.

A medical record keeping course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Division or its designee, be accepted towards the fulfillment of this condition if the course would

have been approved by the Division or its designee had the course been taken after the effective date of this Decision.

Respondent shall submit a certification of successful completion to the Division or its designee not later than 15 calendar days after his receipt thereof.

2. CLINICAL TRAINING PROGRAM Within 60 calendar days of the effective date of this Decision, respondent shall enroll in a clinical training or educational program equivalent to the Physician Assessment and Clinical Education Program (PACE) offered at the University of California - San Diego School of Medicine ("Program").

The Program shall consist of a Comprehensive Assessment program comprised of a two-day assessment of respondent's physical and mental health; basic clinical and communication skills common to all clinicians; and medical knowledge, skill and judgment pertaining to respondent's specialty or sub-specialty, and at minimum, a 40 hour program of clinical education in the area of practice in which respondent was alleged to be deficient and which takes into account data obtained from the assessment, Decision(s), Accusation(s), and any other information that the Division or its designee deems relevant. Respondent shall pay all expenses associated with the clinical training program.

Based on respondent's performance and test results in the assessment and clinical education, the Program will advise the Division or its designee of its recommendation(s) for the scope and length of any additional educational or clinical training, treatment for any medical condition, treatment for any psychological condition, or anything else affecting respondent's practice of medicine. Respondent shall comply with Program recommendations.

At the completion of any additional educational or clinical training, respondent shall submit to and pass an examination. The Program's determination whether or not respondent passed the examination or successfully completed the Program shall be binding.

Respondent shall complete the Program not later than six months after respondent's initial enrollment unless the Division or its designee agrees in writing to a later time for completion.

Failure to participate in and complete successfully all phases of the clinical

training program outlined above is a violation of probation.

3. MONITORING - PRACTICE Within 30 calendar days of the effective date of this Decision, respondent shall submit to the Division or its designee for prior approval as a practice monitor(s), the name and qualifications of one or more licensed physicians and surgeons whose licenses are valid and in good standing, and who are preferably American Board of Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or personal relationship with respondent, or other relationship that could reasonably be expected to compromise the ability of the monitor to render fair and unbiased reports to the Division, including, but not limited to, any form of bartering, shall be in respondent's field of practice, and must agree to serve as respondent's monitor. Respondent shall pay all monitoring costs.

The Division or its designee shall provide the approved monitor with copies of the Decision(s) and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed statement.

Within 60 calendar days of the effective date of this Decision, and continuing throughout probation, respondent's practice shall be monitored by the approved monitor. Respondent shall make all records available for immediate inspection and copying on the premises by the monitor at all times during business hours, and shall retain the records for the entire term of probation.

The monitor(s) shall submit a quarterly written report to the Division or its designee which includes an evaluation of respondent's performance, indicating whether respondent's practices are within the standards of practice of medicine or billing, or both, and whether respondent is practicing medicine safely, billing appropriately or both.

It shall be the sole responsibility of respondent to ensure that the monitor submits the quarterly written reports to the Division or its designee within 10 calendar days after the end

of the preceding quarter.

If the monitor resigns or is no longer available, respondent shall, within 5 calendar days of such resignation or unavailability, submit to the Division or its designee, for prior approval, the name and qualifications of a replacement monitor who will be assuming that responsibility within 15 calendar days. If respondent fails to obtain approval of a replacement monitor within 60 days of the resignation or unavailability of the monitor, respondent shall be suspended from the practice of medicine until a replacement monitor is approved and prepared to assume immediate monitoring responsibility. Respondent shall cease the practice of medicine within 3 calendar days after being so notified by the Division or designee.

In lieu of a monitor, respondent may participate in a professional enhancement program equivalent to the one offered by the Physician Assessment and Clinical Education Program at the University of California, San Diego School of Medicine, that includes, at minimum, quarterly chart review, semi-annual practice assessment, and semi-annual review of professional growth and education. Respondent shall participate in the professional enhancement program at respondent's expense during the term of probation.

Failure to maintain all records, or to make all appropriate records available for immediate inspection and copying on the premises, or to comply with this condition as outlined above is a violation of probation.

4. NOTIFICATION Prior to engaging in the practice of medicine, the respondent shall provide a true copy of the Decision(s) and Accusation(s) to the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to respondent, at any other facility where respondent engages in the practice of medicine, including all physician and locum tenens registries or other similar agencies, and to the Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage to respondent. Respondent shall submit proof of compliance to the Division or its designee within 15 calendar days.

This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

5. OBEY ALL LAWS Respondent shall obey all federal, state and local laws, all rules governing the practice of medicine in California, and remain in full compliance with any court ordered criminal probation, payments and other orders.

6. QUARTERLY DECLARATIONS Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Division, stating whether there has been compliance with all the conditions of probation. Respondent shall submit quarterly declarations not later than 10 calendar days after the end of the preceding quarter.

7. PROBATION UNIT COMPLIANCE Respondent shall comply with the Division's probation unit. Respondent shall, at all times, keep the Division informed of respondent's business and residence addresses. Changes of such addresses shall be immediately communicated in writing to the Division or its designee. Under no circumstances shall a post office box serve as an address of record, except as allowed by Business and Professions Code section 2021(b).

Respondent shall not engage in the practice of medicine in respondent's place of residence. Respondent shall maintain a current and renewed California physician's and surgeon's license.

Respondent shall immediately inform the Division, or its designee, in writing, of travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than 30 calendar days.

8. INTERVIEW WITH THE DIVISION, OR ITS DESIGNEE Respondent shall be available in person for interviews either at respondent's place of business or at the probation unit office, with the Division or its designee, upon request at various intervals, and either with or without prior notice throughout the term of probation.

9. RESIDING OR PRACTICING OUT-OF-STATE In the event respondent should leave the State of California to reside or to practice, respondent shall notify the Division or its designee in writing 30 calendar days prior to the dates of departure and return. Non-practice is defined as any period of time exceeding 30 calendar days in which respondent is not engaging in any activities defined in Sections 2051 and 2052 of the Business and Professions

Code.

All time spent in an intensive training program outside the State of California which has been approved by the Division or its designee shall be considered as time spent in the practice of medicine within the State. A Board-ordered suspension of practice shall not be considered as a period of non-practice. Periods of temporary or permanent residence or practice outside California will not apply to the reduction of the probationary term. Periods of temporary or permanent residence or practice outside California will relieve respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; Probation Unit Compliance; and Cost Recovery.

Respondent's license shall be automatically canceled if respondent's periods of temporary or permanent residence or practice outside California total two years. However, respondent's license shall not be canceled as long as respondent is residing and practicing medicine in another state of the United States and is on active probation with the medical licensing authority of that state, in which case the two year period shall begin on the date probation is completed or terminated in that state.

10. FAILURE TO PRACTICE MEDICINE - CALIFORNIA RESIDENT

In the event respondent resides in the State of California and for any reason respondent stops practicing medicine in California, respondent shall notify the Division or its designee in writing within 30 calendar days prior to the dates of non-practice and return to practice. Any period of non-practice within California, as defined in this condition, will not apply to the reduction of the probationary term and does not relieve respondent of the responsibility to comply with the terms and conditions of probation. Non-practice is defined as any period of time exceeding 30 calendar days in which respondent is not engaging in any activities defined in sections 2051 and 2052 of the Business and Professions Code.

All time spent in an intensive training program which has been approved by the Division or its designee shall be considered time spent in the practice of medicine. For purposes of this condition, non-practice due to a Board-ordered suspension or in compliance with any

other condition of probation, shall not be considered a period of non-practice.

Respondent's license shall be automatically canceled if respondent resides in California and for a total of two years, fails to engage in California in any of the activities described in Business and Professions Code sections 2051 and 2052.

11. COMPLETION OF PROBATION Respondent shall comply with all financial obligations (e.g., cost recovery, restitution, probation costs) not later than 120 calendar days prior to the completion of probation. Upon successful completion of probation, respondent's certificate shall be fully restored.

12. VIOLATION OF PROBATION Failure to fully comply with any term or condition of probation is a violation of probation. If respondent violates probation in any respect, the Division, after giving respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an Accusation, Petition to Revoke Probation, or an Interim Suspension Order is filed against respondent during probation, the Division shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

13. LICENSE SURRENDER Following the effective date of this Decision, if respondent ceases practicing due to retirement, health reasons or is otherwise unable to satisfy the terms and conditions of probation, respondent may request the voluntary surrender of respondent's license. The Division reserves the right to evaluate respondent's request and to exercise its discretion whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, respondent shall within 15 calendar days deliver respondent's wallet and wall certificate to the Division or its designee and respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and conditions of probation and the surrender of respondent's license shall be deemed disciplinary action. If respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

14. PROBATION MONITORING COSTS Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the

Division. Such costs shall be payable to the Medical Board of California and delivered to the Division or its designee no later than January 31 of each calendar year. Failure to pay costs within 30 calendar days of the due date is a violation of probation.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Henry R. Fenton, Esq.. I understand the stipulation and the effect it will have on my Physician and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board.

DATED: 7-13-06.

K. Golchini

KEIVAN GOLCHINI, M.D.
Respondent

I have read and fully discussed with Respondent Keivan Golchini, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 7-14-06.

HENRY R. FENTON, ESQ.
Attorney for Respondent

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ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Board.

DATED: July 14 2006.

BILL LOCKYER, Attorney General
of the State of California

JOHN E. RITTMAYER
Deputy Attorney General

Attorneys for Complainant

DOJ Matter ID: LA2004801545
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Exhibit A

Accusation No. 06-2003-143245

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BEFORE THE
DIVISION OF MEDICAL QUALITY
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: KEIVAN GOLCHINI, M.D. 818 Doheny Drive, #904 Beverly Hills, California 90069 Physician's & Surgeon's Certificate No. A-48800 Respondent.	Case No. 06-2003-143245 **ACCUSATION**

Complainant alleges:

PARTIES

1. David T. Thornton (Complainant) brings this Accusation solely in his official capacity as the Executive Director of the Medical Board of California (Board).

2. On or about October 22, 1990, the Board issued Physician's and Surgeon's Certificate Number A-48800 to Keivan Golchini, M.D. (Respondent). The Physician's & Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein.

JURISDICTION

3. This Accusation is brought before the Board's Division of Medical Quality (Division) under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 2004 of the Code states:

"The Division of Medical Quality shall have the responsibility for the following:

"(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice Act.

"(b) The administration and hearing of disciplinary actions.

"(c) Carrying out disciplinary actions appropriate to findings made by a medical quality review committee, the division, or an administrative law judge.

"(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of disciplinary actions.

"(e) Reviewing the quality of medical practice carried out by physician and surgeon certificate holders under the jurisdiction of the board."

5. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Division deems proper.

6. Section 2234 of the Code states:

"The Division of Medical Quality shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

"(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter [Chapter 5, the Medical Practice Act].

"(b) Gross negligence.

"(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

"(1) An initial negligent diagnosis followed by an act or omission medically

appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

"(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

"(d) Incompetence.

"(e) The commission of any act involving dishonesty or corruption which is substantially related to the qualifications, functions, or duties of a physician and surgeon.

"(f) Any action or conduct which would have warranted the denial of a certificate."

7. Section 2266 of the Code provides that the failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct.

8. Section 125.3 of the Code provides, in pertinent part, that the Division may request the administrative law judge to direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

FACTUAL ALLEGATIONS

9. Dr. Golchini is a medical doctor certified in internal medicine and gastroenterology.

10. Mr. Manual M. became Dr. Golchini's patient in February 2000 primarily for treatment of diabetes at Clinica Latina medical group. Dr. Golchini also evaluated Mr. M. for anemia and abdominal pain during the following nine months. In November 2000, Dr. Golchini admitted Mr. M. to Metropolitan Hospital in Los Angeles for treatment of abdominal pain. The patient had signs of acute surgical abdomen and died two days after admission.

11. Mr. Manual M. was 57 years old when he was first evaluated by Dr.

Golchini on February 17, 2000 at the Clinica Latina. Just before the visit, Mr. M. had been hospitalized at Harbor-UCLA Medical Center, initially from January 30-31, 2000 for treatment of mild diabetic ketoacidosis and abdominal pain. A CT scan showed thickened intestinal wall in the small bowel, cecum and descending colon. The patient left the hospital against medical advice before completing the evaluation. He had persistent diarrhea and abdominal pain and then fever requiring readmission on February 2, 2000. During that admission, colonoscopy examination documented colon inflammation primarily in the ascending colon and descending colon. Biopsy results improved and he was discharged on February 12, 2000. At the time of discharge the hemoglobin was low at 8.6 gms/dl, and the creatinine was normal at 1.0 mg. Dr. Golchini's office records include a letter from Harbor-UCLA Medical Center stating that requested records from that hospitalization were attached.

12. On the February 17th visit, Dr. Golchini listed the medical problems as diabetes, profound anemia and renal insufficiency. His plan included "colonoscopy when patient agrees." The patient was also followed at the colon/rectal surgery clinic at Harbor-UCLA Medical Center. Diarrhea recurred and the patient was again admitted to Harbor-UCLA Medical Center on March 28, 2000. Colonoscopy by surgeons showed a stricture in the descending colon with marked inflammation and pus in the lumen. Biopsies were again benign. He was seen at the Harbor-UCLA surgery clinic again in April 2000 with the plan listed as repeat colonoscopy at a later time.

13. In April 2000, Dr. Golchini resumed primary care of the patient, with frequent clinic visits approximately every one or two weeks until November 2000. Visit notes are very brief and primarily related to treatment of diabetes, including diabetic neuropathy with painful feet. Notes in May, June and July also list GI bleed but provide no descriptions of the bleeding. To evaluate the GI bleeding and abdominal pain, Dr. Golchini performed outpatient esophagogastroduodenoscopy on June 30, 2000 at Metropolitan Medical Center, documenting esophoagitis and hiatal hernia. On July 14, 2000, Dr. Golchini did a colonoscopy exam on Mr. M. at Metropolitan Medical Center. The indication is listed as gastrointestinal bleeding and abdominal pain. He reported a strictured area at 50-60 cm. The subsequent biopsy listed marked

inflammation and stated: "frank malignancy is not seen, but the possibility of an adjacent neoplastic process cannot be completely excluded." Dr. Golchini listed his plan as repeating the colonoscopy after more thorough colon prep if suspicion still exists for malignancy. Dr. Golchini immediately ordered a barium enema that was performed by the radiologist, Dr. Witten. The x-ray report described a "constricting lesion of the transverse limb of the splenic flexure - highly suspicious of carcinoma." The lumen of the stricture was very narrow at less than 1 cm. Dr. Witten documented on the written report and testified in his interview that he discussed the findings with Dr. Golchini and that he also faxed a copy of the report to Dr. Golchini's office. There is no mention of the barium enema findings in any of Dr. Golchini's office or hospital notes. The written barium enema report was not included in the medical records submitted by Dr. Golchini's office, and the x-ray report was not on the chart from that outpatient admission. There is no indication in the medical records that Dr. Golchini explained the possibility that the barium enema suggested cancer of the colon or the possible need for surgery with the patient or his family. Instead, the patient's wife testified that the family was told that the x-rays showed no cancer, and Dr. Golchini confirmed in his interview that he did not discuss this issue with the patient.

14. Two weeks later, on July 27, 2000, Dr. Golchini admitted Mr. M. to Metropolitan Medical Center for antibiotic treatment of toe cellulitis. The admission notes include comments that the patient is under workup for GI bleed. Cellulitis recurred and Dr. Golchini readmitted Mr. M. on September 2, 2000 for toe amputation. The hemoglobin was low at 8.5 gms, and blood transfusions were given. The written history again includes history of GI bleed and severe anemia, but no further evaluation of the anemia was undertaken.

15. Dr. Golchini saw Mr. M. at Clinica Latina on September 28, 2000. A note on the chart stated that the patient was called to schedule follow-up colonoscopy, but "Patient unwilling to discuss it now but will let us know." On October 26, 2000, the clinic note states that the patient has stomach bloating at night for three days and he was not being cooperative. He was continued on Prevacid. GI bleed was again listed as a problem.

16. On November 8, 2000, Mr. M. presented to Metropolitan Hospital at

approximately 10:40 a.m. with a history of abdominal pain, abdominal distention and vomiting for three days. Dr. Golchini did not see the patient at that time. The patient was admitted at 11:45 a.m. The admitting nursing notes at 12:00 p.m. state that the patient had a distended abdomen, abdominal pain, and no bowel movement for two days, and the nursing notes state that Dr. Golchini was notified. He gave orders by telephone at 12:45 p.m. to start intravenous fluids, initially place the patient NPO (nothing by mouth) and then start an 1,800 calorie ADA diet. Blood tests and insulin sliding scale were ordered. At 1:00 p.m. Dr. Golchini gave verbal orders for stat abdominal x-rays. At 6:00 p.m. the nursing notes state the patient still complains of abdominal pain and that the KUB x-ray results were reported to Dr. Golchini. At 6:30 p.m. he gave verbal orders for Fleets enema. At 8:00 p.m. the nursing notes again document abdominal pain. There was no nausea or vomiting. At 8:40 p.m. he gave verbal orders for an analgesic, Toradol. The following nursing notes state no response to the two enemas. At 3:30 a.m. on November 9, 2000, the nursing notes state the patient complains of abdominal pain, and the abdomen is firm with prominent distention. At 6:00 and 8:00 a.m. the nursing notes state that the abdomen is still significantly distended. At 9:00 a.m. the notes state that Dr. Golchini was called and he ordered NG tube. The patient declined, and Dr. Golchini was called again at 10:00 a.m., and quoted by nursing notes as stating, "let's wait for KUB result." A verbal order was again given for NG tube, noted by nurse at 2:15 p.m., and the tube was placed at 2:30 p.m.

17. The first hand written note by Dr. Golchini is on November 9, 2000 at 8:00 p.m., reporting decreased bowel sounds and distended abdomen, with plan for surgical and infectious disease consults. This is the first documentation that Dr. Golchini examined the patient. Nursing notes also document that Dr. Golchini was at the bedside at that time. There is no chart note by Dr. Golchini to indicate that he saw the patient earlier in the first 32 hours since hospital admission. Dr. Golchini stated in his interview that it is his custom not to write a handwritten note on the chart on the day of admission, rather to list his findings in the admission dictation. The admission history and physical was dictated the day after admission on November 9, 2000 and transcribed on November 10th. The impression listed in the transcription is obviously related to a different patient.

18. Despite NG suction the nursing notes document marked abdominal distention at 8:00 p.m. with absent bowel sounds, and with firm abdomen that was tender to touch. Breathing was reported as labored and BP as low at 65/50 with a pulse of 83. At approximately 8:30 p.m. orders were given to transfer the patient to the ICU. Surgical consult (not stat) was ordered on November 9th with no time listed on the order or by nurse. At 9:00 p.m. surgical consult was again requested. At 11:15 p.m. dopamine was started to maintain blood pressure, 100% oxygen venti-mask was applied. A code was called at 11:55 p.m. for respiratory arrest. The ICU nurses documented that the abdomen was rigid and distended with tight tympanic bowel sounds. The BP was in the 70's, and Dr. Golchini was present. The surgery consultant saw the patient on November 10th and diagnosed sepsis, acute abdomen, most likely perforated viscus. The patient had a cardiac arrest at 9:04 a.m. and deceased at 11:11 a.m.

19. According to a Certificate of Death signed by Dr. Golchini on November 14, 2000, patient Manuel M. expired on November 10 of cardio-respiratory arrest (duration minutes) due to hypotension (duration hours), due to sepsis (duration days), due to "probable colon cancer" (duration "unknown").

20. The initial KUB abdominal x-ray on November 8th at 1:45 p.m. reported slightly distended, gas filled, jejunum in the mid abdomen, possibly ileus or early obstruction and excess feces in ascending colon. The follow-up KUB x-ray on November 9th at 4 p.m. reported findings consistent with high grade partial mid small bowel obstruction, with loops slightly more distended, and a large collection of feces in the ascending colon with paucity of gas and feces distal to the hepatic flexure. The laboratory tests drawn on admission showed mostly unremarkable chemistry panel, except for glucose of 328 mg/dl and low CO2 of 20. The admission CBC was not found on the chart and not commented in the physician progress notes. The CBC drawn at 8:45 p.m. on November 9th showed WBC of 3,800 with 10% bands and hemoglobin of 10.4 gms/dl.

21. The standard of care for evaluating and treating a patient non-electively admitted to the hospital for severe abdominal complaints requires a timely face-to-face examination by a physician. In some instances an examination is done immediately prior to

admission as an outpatient or in the emergency department. It is not the standard of care for the patient to be admitted with no physician evaluation for well over 24 hours. Patients presenting with severe abdominal pain, abdominal distention and firm abdominal wall, as documented by nurses and communicated by phone to the physician, strongly portends to more urgent physician evaluation. It is not the standard of care to order nasogastric tube suction, enemas and multiple doses of analgesia, but still defer examining the patient. The standard of care includes the recognition that these abdominal symptoms and physical findings reported by the nurses may indicate potentially life-threatening disorders such as bowel obstruction, ischemic changes, or sepsis.

22. The physician is expected to incorporate information of prior medical history into the patient assessment and decision making process. For example, the current patient has a colon stricture and colon inflammation repeatedly documented, and he then presents with abdominal pain and distention. The standard of physician training and experience would logically suggest that the events could be related; possibly indicating onset of increased colon obstruction, worsening colitis or malignancy. The proposed working diagnosis of diabetes-related intestinal dysmotility advanced by Dr. Golchini in his interview would not be the standard expected from a physician trained in internal medicine and gastroenterology.

23. The standard of care includes accurate and reasonably complete medical records. Short outpatient procedures such as endoscopy typically require only a very brief single problem-oriented summary. Hospital admissions for more complex medical problems typically require a more detailed history and physical examination, particularly in those areas of present illness history and past medical history that may be pertinent to evaluation of the presenting major medical problems. In the final hospital admission of Mr. M., it would not be in the standard of care to delete items such as ongoing intestinal bleeding, anemia, and the barium enema examination that suggested malignancy. It is not the standard to delete potentially critical items such as laboratory and x-ray results by writing pending, when these results were readily available at the time of dictation. It is not the standard of care to describe mild or normal physical findings such as the abdominal examination that conflicts with much more severe

physical findings documented on multiple nursing notes. Certainly the impression of the report must relate to the current patient.

24. The standard for outpatient medical records requires documentation of important findings such as the barium enema results suggesting malignancy. With such potentially important findings, the standard would require informing the patient and discussing options with him, including possible surgery.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

25. Respondent is subject to disciplinary action under section 2234, subdivision (b) for gross negligence in his care of patient Manuel M. The circumstances are as follows:

A. Outpatient Evaluation. Dr. Golchini's outpatient evaluation of the colon stricture of Manuel M. represents an extreme departure from the standard of care. Each of the following actions individually and together represent extreme departures from the standard of care:

(1) Failure to inform the patient of the possibility of malignancy;

(2) Failure to refer the patient to a surgeon as early as possible, in July 2000, as an apple-core lesion will invariably lead to an obstruction at some time if left untreated, and there would have been a chance for a curative resection.

(3) Failure to document the barium enema findings in the outpatient medical record, and;

(4) Failure to document the findings in subsequent hospital admissions.

B. Final Hospital Admission. On the patient's final hospital admission, each of the following actions by Dr. Golchini, individually and together, represent extreme departures from the standard of care:

(1) Failure to examine the patient in a timely manner;

(2) Failure to appreciate the seriousness of his illness;

(3) Failure to formulate timely and accurate medical records;

(4) Failure to obtain surgical consultation in a timely manner, and;

(5) Failure to incorporate information from previous barium enema and colonoscopy studies into the decision-making process.

(6) Failure to adequately treat this patient's ileus or bowel obstruction in a timely and effective manner.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

26. By reason of the matters set forth above, Respondent is subject to disciplinary action under section for repeated negligent acts under section 2234, subdivision (c) of the Code.

THIRD CAUSE FOR DISCIPLINE

(Incompetence)

27. Respondent is subject to disciplinary action under section for incompetence under section 2234, subdivision (d) of the Code.

A. The foregoing allegations are hereby incorporated by reference.

B. Dr. Golchini's handling of this patient's abdominal pain, given his familiarity with the patient's apple-core lesion in his colon since July 2000, and his calling in a surgeon to see the patient in consultation two days after the patient's admission, and after the patient became hypotensive and was in the ICU, rather than either the day of admission or on November 9, 2000, demonstrates a lack of knowledge or ability in the discharge of his professional medical obligations.

FOURTH CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

28. By reason of the foregoing allegations, Respondent is subject to disciplinary action under section 2266 of the Code for failing to maintain adequate and accurate

records relating to the provision of services to patient Manuel M.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Division of Medical Quality issue a decision:

1. Revoking or suspending Physician's & Surgeon's Certificate Number A-48800, issued to Keivan Golchini, M.D.;

2. Revoking, suspending or denying approval of his authority to supervise physician's assistants, pursuant to section 3527 of the Code;

3. Ordering him to pay the Division of Medical Quality the reasonable costs of the investigation and enforcement of this case, and, if placed on probation, the costs of probation monitoring;

4. Taking such other and further action as deemed necessary and proper.

DATED: February 3, 2006.

DAVID T. THORNTON
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant